

2014-02-20 12:52

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

&gt;&gt; pt of Health HCF: P 11/17

PRINTED: 01/30/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445253	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  B. WING	(X3) DATE SURVEY COMPLETED  01/27/2014
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NAME OF PROVIDER OR SUPPLIER

KINDRED NURSING AND REHABILITATION -LOUDON

STREET ADDRESS, CITY, STATE, ZIP CODE

1520 GROVE ST BOX 190  
LOUDON, TN 37774

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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K 025 NFPA 101 LIFE SAFETY CODE STANDARD  
SS=D

Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4

This STANDARD is not met as evidenced by:  
Based on observation and interview, it was determined the facility failed to ensure fire rated construction separation is maintained.  
The findings include:  
Observation and interview with the Maintenance Director, on January 27, 2014 at 10:10 a.m. confirmed an unsealed penetration in the 4-hour fire wall above the 3-hour fire doors by room 201. This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on January 27, 2014.

K 029 NFPA 101 LIFE SAFETY CODE STANDARD  
SS=D

One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or

K 025

It is the practice of this facility to assure that all fire rated construction is maintained.

The fire wall above the 3-hour fire doors by room 201 was sealed by the Maintenance Director using approved fire caulk as directed by product.

All fire walls have been inspected by the Maintenance Director or designee to assure that fire rated construction is maintained.

Fire walls will be inspected by the Maintenance Director or designee when new maintenance is preformed to assure that all fire rated construction is maintained.

All Fire walls will be checked quarterly and documented in the Facility Preventative Maintenance Log by the Maintenance Director or designee.

01/28/14

01/31/14

K 029

It is the practice of this facility to assure that all doors to hazardous areas are self closing and closed to a positive latch.

The door to the kitchen chemical storage will have a closer installed and will inspected to close to a positive latch by the Maintenance Director or designee.

02/21/14

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*C. M. Justice**EXECUTIVE DIRECTOR**2/20/2014*

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER  KINDRED NURSING AND REHABILITATION -LOUDON			STREET ADDRESS, CITY, STATE, ZIP CODE 1520 GROVE ST BOX 190 LOUDON, TN 37774		
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K 029	Continued From page 1 field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1  This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure doors to hazardous areas were self-closing and closed to a positive latch. The findings include:  Observation and interview on January 27, 2014 at 7:00 a.m. confirmed the kitchen chemical storage room door was not provided with a door closer and would not close to a positive latch. This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on January 27, 2014.	K 029	All doors to hazardous areas have been inspected latch by the Maintenance Director or designee to assure they self close and to a positive latch.  Doors to hazardous areas will be inspected by the Maintenance Director or designee monthly and documented in the Facility Preventative Maintenance Log	02/21/14	
K 039 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Width of aisles or corridors (clear and unobstructed) serving as exit access is at least 4 feet. 19.2.3.3  This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure corridors were arranged with no obstructions. The findings include: Observation and interview, with the Maintenance Director on January 27, 2014 at 8:00 a.m. confirmed a through wall air conditioning unit was	K 039	It is the practice of this facility to assure that all exit corridors remain unobstructed at all times.  The air conditioning unit at floor level across from room 305 will be removed by a licensed contractor.  All corridors will be monitored daily by the Maintenance Director or designee to assure an unobstructed exit is maintained of at least 4 feet.	03/14/14	

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K 039	Continued From page 2 mounted in the corridor wall, extending 12-inches into the corridor at floor level across from room 305. This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on January 27, 2014.	K 039			
K 045 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness. (This does not refer to emergency lighting in accordance with section 7.8.) 19.2.8  This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure five (5) of eight (8) exit discharges were illuminated outside of the exit doors. The findings include: Observation and interview with the Maintenance Director, on January 27, 2014 at 5:20 a.m. confirmed the outside lights at the exits by rooms 116, 133, dining room, 301, and physical therapy were not illuminated (NFPA 101, 7.8.1.4). This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on January 27, 2014.	K 045	It is the practice of this facility to assure that all exit discharges are illuminated.  The exit lighting has been repaired by the Maintenance Director or designee at the five locations observed during the inspection to assure that all exit discharges are illuminated.  All exit discharges have been inspected to assure that illumination is present by the Maintenance Director or designee.  Exit Discharges will be inspected monthly by the Maintenance Director or designee and recorded in the facility Preventative Maintenance Log	02/03/14    02/03/14	
K 050 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware	K 050	It is the practice of this facility to assure that fire drills are conducted at random times by the Maintenance Director or designee to educate staff regarding proper fire response procedures to maintain compliance at all		

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K 050	Continued From page 3 that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2  This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure staff was familiar with fire drill procedures. The findings include: Observation during a fire drill with the maintenance assistant on January 27, 2014 at 10:25 a.m. confirmed the facility staff failed to close 9 resident room doors in the 300 hall. This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on January 27, 2014.	K 050	times to include: closing of resident room doors.  All staff members will be properly trained in fire drill procedures by the Maintenance Director or designee.  Fire drills have been held throughout the center to ensure every department practices area specific drills.  Annual and Monthly In-services are held to educate staff regarding Fire Response Procedures by the Maintenance Director or designee.  The fire drill reports generated after the fire drill will be reviewed by the Safety Committee and reported to the Performance Improvement Committee to ensure future compliance.	03/07/14  02/19/14	
K 067 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD  Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2  This STANDARD is not met as evidenced by: Based on observation and interview, it was determined air return ducts were not clean. The findings include:	K 067	It is the practice of this facility to assure that all HVAC systems comply with NFPA 90A at all times to include: cleanliness of air ducts.  The air ducts throughout the facility corridors will be cleaned by the Maintenance Director or designee.  All air ducts have been inspected by the Maintenance Director or designee to assure cleanliness and absence of lint.  The air ducts will be inspected on a semi-annual basis or as needed and cleaned as needed to ensure absence of heavy	03/14/14  03/14/14	

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K 067	Continued From page 4 Observation of the air return ducts on January 27, 2014 between 5:45 a.m. and 10:30 a.m. confirmed return air ducts through out the facility corridors had a heavy accumulation of lint on them. This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on January 27, 2014.	K 067	accumulation of lint and documented in the facility Preventative Maintenance Log by the Maintenance Director or designee.		
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2  This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure wiring was done in a neat and workmanlike manner. The findings include: Observation and interview with the maintenance director on January 27, 2014 at 9:00 a.m. confirmed the sprinkler riser room tamper switches were wired with spliced lamp cord. This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on January 27, 2014.	K 147	It is the practice of the facility to assure compliance with NFPA 70, National Electrical code at all times.  The "spliced lamp cord" observed during the inspection was replaced by a licensed sprinkler technician to bring the tamper switches wiring into compliance with NFPA 70, National Electrical code.  The riser tamper switches are inspected quarterly by the sprinkler contractor to ensure proper function and recorded in the Preventative Maintenance Log.	02/05/14	